

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90176 043 ***150.00

DOCUMENT # 308322
1. Entity Name
DONALD W. MCINTOSH ASSOCIATES INC

Principal Place of Business
2200 PARK AVE NORTH
WINTER PARK FL 32789-2355

Mailing Address
2200 PARK AVE NORTH
WINTER PARK FL 32789-2355



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1151358		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MCINTOSH, DONALD W., JR. 2200 PARK AVENUE NORTH WINTER PARK FL 32789				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) **DATE** 02-02-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCINTOSH, PATRICIA			NAME			
STREET ADDRESS	9135B SW 20TH PL			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33324			CITY-ST-ZIP			
TITLE	PCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCINTOSH, DONALD W JR			NAME			
STREET ADDRESS	1350 VENETIAN WAY			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRUE, CHARLES H.			NAME			
STREET ADDRESS	613 RIDGEWOOD DR.			STREET ADDRESS			
CITY-ST-ZIP	WINDERMERE FL			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	Vice President/Corp Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HATCH, JANET B			NAME	Janet B. Hatch		
STREET ADDRESS	1578 PINEHURST DRIVE			STREET ADDRESS	1655 Copperleaf Cove		
CITY-ST-ZIP	CASSELBERRY FL			CITY-ST-ZIP	Oviedo, FL 32766		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **1/17/02** **407-644-4068**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)